STATE OF UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

REGISTRATION WITH THE UTAH RESIDENCE LIEN RECOVERY FUND

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for registration. To facilitate the application process, submit a complete application form, including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of registration. Please read all instructions carefully. DOPL cannot and will not act as an agent for the applicant to gather the documents necessary to complete the application.

SUPPORTING DOCUMENTS AND FEES:

- 1. Submit a complete Application for Registration with the Utah Residence Lien Recovery Fund.
- 2. Submit evidence of registration of any assumed name (*doing business as or DBA*) or business legal entity registration with the Utah Division of Corporations.
- 3. Submit the registration and processing fee applicable to your registration classification, made payable to "DOPL-LRF."

	Contractor Exempt		Licensed
Fee Type	from Licensure	Supplier	Professional
Initial Registration	\$195.00	\$195.00	\$195.00
2007 Special Assessment	75.00	75.00	75.00
Application Processing Fee	25.00	25.00	25.00
Total Fee Due	\$295.00	\$295.00	\$295.00

If the application for registration is denied, the Initial Registration fee and the 2007 Special Assessment fee will be refunded. **The Application Processing Fee is NOT refundable.**

ADDITIONAL IMPORTANT INFORMATION:

- 1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your membership in the Residence Lien Recovery Fund:
 - Utah Residence Lien Restriction and Lien Recovery Fund Act (*Title 38, Chapter 11 Utah Code Annotated*)
 - Residence Lien Restriction and Lien Recovery Fund Rules (*R156-38a Utah Administrative Code*)

Copies of these laws and rules may be obtained on DOPL's website: www.dopl.utah.gov

You may also purchase them for a fee from DOPL at 801-530-6104.

- 2. **Current Documents:** Applications, statutes, rules and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
- 3. **Updating Address Information:** It is the registrant's responsibility to maintain a current address with the Fund. All correspondence will be sent to the last known address shown on the Fund's records. If the registrant's address or any other pertinent information should change, the registrant must notify the Fund of this change in writing.
- 4. **Mail Complete Application to:**

By U.S. Mail

Residence Lien Recovery Fund P.O. Box 146741 Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Residence Lien Recovery Fund 160 East 300 South, 1st Floor Lobby Salt Lake City, Utah 84111

5. **Telephone Numbers:** (801) 530-6104

(801) 530-7632

(866) ASK-DOPL – Toll-free in Utah

(866) 275-3675

6. **Fax Number:** (801) 530-6511 – attn: LRF

7. **Email**: lrf@utah.gov

APPLICATION FOR REGISTRATION

GENERAL INFORMATION

Registration Applying For: RESII	DENCE LIEN RECOVERY FUND	MEMBERSHIP
Business Name:		
Federal Taxpayer ID Number / Social	Security Number:	
Have You Ever Registered with the Li	en Recovery Fund Before? Yes	No
If Yes, Under what Business Name: _		
If Yes, What Registration Number:		
MAILING ADDRESS		
Street:		
City:	State: Zip:	
County:	unty: Telephone:	
REGISTRATION CLASSIFICATION	ON (please choose one):	
Supplier		
Contractor Exempt from Licen	sure. Classification:	
Licensed Professional Entity		
☐ Architectural Services	☐ Professional Engineering S	ervices
☐ Land Surveying Services	☐ Landscape Architectural Se	ervices
☐ Other, explain:		

CONTACT PERSON FOR LIEN RECOVERY FUND PURPOSES:

Name:			Title:	
Mailing Address:				
City:		State:	Zip:	
Telephone:				
BUSINESS ENTITY FOR	M:			
Corporation — Utah	Corporation N	lumber:		
Partnership ☐ General or ☐ Limi ☐ Limited Liability				
Sole Proprietorship –	– Utah DBA N	Number:		
Limited Liability Cor	mpany — Utah	LLC Number:		
DISCLOSURE OF NATUI	RE OF BUSIN	NESS:		
Please describe how your bus (Use additional sheets if necessity)		ved in residentia	l construction.	

RESIDENCE LIEN RECOVERY FUND QUALIFYING QUESTIONNAIRE

Please complete the following questionnaire. If the applicant is a supplier, contractor exempt from licensure, or qualified professional entity, please complete Section "A" below. If the applicant is a licensed contractor, please complete Section "B" below.

Answer each question "yes" or "no." Do not leave any question blank.

A. Suppliers, Contractors Exempt from Licensure, and Professional Entities Has the applicant, any officer, director, partner, proprietor, shareholder (<i>unless publicly traded</i>), member, owner, or manager associated with or employed by the applicant:
 ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application? ever applied for or become a registrant in the Residence Lien Recovery Fund under any name other than the name listed on this application? ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made?
B. Licensed Contractors Has the applicant, any officer, director, partner, proprietor, shareholder (<i>unless publicly traded</i>), member, owner, or qualifier associated with or employed by the applicant:
 ever filed claim with the Residence Lien Recovery Fund as the result of construction activities in which they were involved for which the claim is still pending? ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application? ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made?
If you answered "yes" to any of the above questions, please submit a written explanation. The explanation must specify which question is being explained, why the question was answered "yes," and the current status of the situation that led to a "yes" answer.
Note, a "yes" answer does not necessarily mean the applicant will not be granted registration. However, DOPL may request additional documentation if the information

DOPL-AP-034 REV 01/08/2008

submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant or agent for the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that claimants who report false information, withhold information, or present false or misleading documentation pertinent to registration with the Lien Recovery Fund to which they are not entitled will be disqualified from registration and may be subject to both criminal prosecution and civil penalties.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for registration with the Utah Residence Lien Recovery Fund.

Signature of Applicant:	
Date of Signature: /	
	
Printed Name of Applicant: _	